

Integrated Family Services Care Plan

Child's Name:
Assessor's Name:

Date of Birth:
Screen Date:

Children's Personal Care Services Goals:

(must include at least one goal related to activities of daily living)

ADL Domain: <i>dressing, bathing, grooming, mobility, toileting, feeding</i>	Goal:	Strengths/Assets to Implement Goal:	Needs/Concerns to Implementing Goal:	Natural Supports Available:
1)				
2)				
3)				
4)				

Integrated Family Services Goals:

Support Goal:	Strengths/Assets to Implement Goal:	Needs/Concerns to Implementing Goal:	Natural Supports Available:
1)			
2)			
3)			

Parent/Guardian: *I acknowledge that the CPCS Care Plan was created with my input.*

Parent/Guardian Signature

Date

Assessor: *I acknowledge that I completed the CPCS Care Plan with input from the parent/guardian*

Screening Signature

Date